

**Fill in this information to identify the case:**

Debtor name HKD Treatment Options, P.C.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) 17-41895-EDK

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 17, 2017

X /s/ Hung K. Do

Signature of individual signing on behalf of debtor

Hung K. Do

Printed name

President, Director

Position or relationship to debtor

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Debtor name HKD Treatment Options, P.C.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

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Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 288,474.13

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 288,474.13

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 259,957.03

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 1,483,133.78

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 1,283,616.03

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 3,026,706.84

## Fill in this information to identify the case:

Debtor name HKD Treatment Options, P.C.United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTSCase number (if known) 17-41895-EDK☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest  
**\$1,200.00**

## 2. Cash on hand

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. TD Bank Checking Account	Checking	5880	\$0.00
3.2. TD Bank Checking Account	Checking	9469	\$0.00
3.3. Bank of America Checking	Checking	2585	\$75.00
3.4. Enterprise Bank Checking	Checking	7665	\$8,874.38
3.5. Enterprise Bank Checking	Checking	7681	\$0.00

## 4. Other cash equivalents (Identify all)

## 5. Total of Part 1.

**\$10,149.38**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

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**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

**Security Deposit 21 George Street Realty Trust**  
7.1. Lease in Lowell location \$6,499.99

**Security Deposit 667 Boylston Street Realty Trust**  
7.2. Former Boston Locastion Lease \$13,706.24

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$20,206.23

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11b. Over 90 days old: 0.00 - 0.00 =.... Unknown  
face amount doubtful or uncollectible accounts

**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
20. <b>Work in progress</b>				
21. <b>Finished goods, including goods held for resale</b>				

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22. **Other inventory or supplies**  
**Office Supplies** Unknown Liquidation \$2,000.00

**Various reagent solutions, test kits, and other drug testing material.**

Unknown Recent cost \$1,900.00

23. **Total of Part 5.** \$3,900.00

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value                      Valuation method                      Current Value

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>Desks, Chairs, Couches, Bookcases, Meeting Table, File Cabinets</b>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$12,420.00</u>
40. <b>Office fixtures</b> <b>Refridgerators</b>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$2,000.00</u>
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Printers, Monitors, Computers, Projector, and Medical Records Software</b>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$21,582.00</u>
<b>Phone System, phones, etc.</b>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>

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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$36,002.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	<b>General description</b> Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<b>2009 Toyota Corolla</b> <b>70,000 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$4,515.00</b>
47.2.	<b>2009 Toyota Camry</b> <b>130,000 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$3,242.00</b>
47.3.	<b>2012 Ford Fusion</b> <b>100500 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$3,946.00</b>
47.4.	<b>2012 Ford Fusion</b> <b>46000 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$6,240.00</b>
47.5.	<b>2015 Toyota Sienna</b> <b>18100 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$22,034.00</b>
47.6.	<b>2015 Toyota Camry</b> <b>23000 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$12,748.00</b>
47.7.	<b>2016 Jeep Wrangler</b> <b>32237 miles</b>	<b>Unknown</b>	<b>Blue Book</b>	<b>\$27,233.00</b>
47.8.	<b>2016 Dodge RAM Truck</b> <b>21716 miles</b>	<b>Unknown</b>	<b>Comparable sale</b>	<b>\$40,950.00</b>

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

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49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**Exam Tables, Urinalysis Machine**

**Unknown**

**Liquidation**

**\$16,160.00**

**Sharp/MX3640N and OkiData/MPS5502**

**Printers**

**Leased by NBM**

**\$0.00**

**\$0.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$137,068.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest (Where available)**

**Valuation method used for current value**

**Current value of debtor's interest**

55.1.

**21 George Street,  
Loell, MA**

**Lease**

**\$0.00**

**\$0.00**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

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- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of  
debtor's interest

71.	<b>Notes receivable</b> Description (include name of obligor) <b>Tabletop Arena</b> <b>Loan</b>	<u><b>81,148.52</b></u>	-	<u><b>0.00</b></u>	=	<u><b>\$81,148.52</b></u>
		Total face amount		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$81,148.52**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes



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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$10,149.38</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$20,206.23</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$3,900.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$36,002.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$137,068.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$81,148.52</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$288,474.13</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$288,474.13</b>

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Debtor name HKD Treatment Options, P.C.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Ally Financial</b> Creditor's Name  <b>1185 6th Avenue</b> <b>New York, NY 10036</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>2016</b> <b>Last 4 digits of account number</b> <b>1582</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Jeep Wrangler</b> <b>32237 miles</b>  <b>Describe the lien</b> <b>Purchase Money Security</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$31,116.12</b>  <b>\$27,233.00</b>

<b>2.2</b>	<b>Ally Financial</b> Creditor's Name  <b>1185 6th Avenue</b> <b>New York, NY 10036</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>2016</b> <b>Last 4 digits of account number</b> <b>5963</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Dodge RAM Truck</b> <b>21716 miles</b>  <b>Describe the lien</b> <b>Purchase Money Security</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50,684.45</b>  <b>\$40,950.00</b>
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Debtor **HKD Treatment Options, P.C.**

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**17-41895-EDK**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 Citizen One Auto Finance**

Creditor's Name

**100 N Main St  
Providence, RI 02903**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**2012**

**Last 4 digits of account number**

**8370**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**2012 Ford Fusion  
46000 miles**

**\$1,909.92**

**\$6,240.00**

**Describe the lien**

**Purchase Money Security**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 NBM**

Creditor's Name

**24 Terry Ave  
Burlington, MA 01803**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Sharp/MX3640N and OkiData/MPS5502  
Printers  
Leased by NBM**

**\$0.00**

**\$0.00**

**Describe the lien**

**Leased Equipment**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 Toyota Motor Credit Co**

Creditor's Name

**Toyota Financial Services  
Po Box 8026  
Cedar Rapids, IA 52408**

Creditor's mailing address

Creditor's email address, if known

**Describe debtor's property that is subject to a lien**

**2015 Toyota Camry  
23000 miles**

**\$18,205.35**

**\$12,748.00**

**Describe the lien**

**Purchase Money Security**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

Debtor **HKD Treatment Options, P.C.**

Case number (if know)

**17-41895-EDK**

Name

Date debt was incurred

**2015**

Last 4 digits of account number

**0899**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.6 Toyota Motor Credit Co**

Creditor's Name

**Toyota Financial Services  
Po Box 8026  
Cedar Rapids, IA 52408**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**2015**

Last 4 digits of account number

**5757**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2015 Toyota Sienna  
18100 miles**

**\$35,853.19**

**\$22,034.00**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.7 Wells Fargo Bank, N.A.**

Creditor's Name

**2200 Powell Street, 4th  
Floor  
Emeryville, CA 94608**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**2012**

Last 4 digits of account number

**4576**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Urinalysis Machine and ALL asset lien**

**\$122,188.00**

**Unknown**

Describe the lien

**UCC-1 Financial Statement & Security  
Agreement**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$259,957.03**

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if know) **17-41895-EDK**

**Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Fill in this information to identify the case:**

Debtor name **HKD Treatment Options, P.C.**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) **17-41895-EDK**

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Adam Bied</b> <b>22 Beborah Drive</b> <b>Reading, MA 01867</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,044.93</b>	<b>\$2,044.93</b>
	Date or dates debt was incurred <b>within 180 days of petition</b>	Basis for the claim: <b>Wage Claim</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Ashley Orjalez</b> <b>48 Glen Rd</b> <b>Lowell, MA 01852</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,022.55</b>	<b>\$1,022.55</b>
	Date or dates debt was incurred <b>within 180 days of petition</b>	Basis for the claim: <b>Wage Claim</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.3 Priority creditor's name and mailing address

**Brenna Brink**  
**1 Walker Terr**  
**Cambridge, MA 02138**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$2,142.03****\$2,142.03**

Date or dates debt was incurred  
**within 180 days of petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

2.4 Priority creditor's name and mailing address

**Cheyanna Buford**  
**15 Monsignorrey Way, Apt 274**  
**Boston, MA 02118**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$680.50****\$680.50**

Date or dates debt was incurred  
**within 180 days of petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

2.5 Priority creditor's name and mailing address

**Christopher Ortiz**  
**82 Granite Place Apt #2**  
**Milton, MA 02186**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$2,913.97****\$2,913.97**

Date or dates debt was incurred  
**Within 180 days of Petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

2.6 Priority creditor's name and mailing address

**Claire Jacobus**  
**29 Maxwell Rd**  
**Winchester, MA 01890**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$0.00****\$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

Debtor **HKD Treatment Options, P.C.**

Case number (if known)

**17-41895-EDK**

Name

2.7 Priority creditor's name and mailing address

**Commonwealth of Massachusetts  
Department of Unemployment  
Assistance  
Legal Dept., 1st Flr, Attn. Chief  
Counsel  
19 Staniford Street  
Boston, MA 02114**

Date or dates debt was incurred

**2016 and 2017**Last 4 digits of account number **0723**Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Basis for the claim:

**Unemployment Taxes owed for the periods  
2014 - 2017**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$91,294.08****\$91,294.08**

2.8 Priority creditor's name and mailing address

**Dawn Kenney  
12 Concord St, Unit #2  
Lynn, MA 01902**

Date or dates debt was incurred  
**within 180 days of petition**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Wage Claim**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$1,997.86****\$1,997.86**

2.9 Priority creditor's name and mailing address

**Dyesha Seldon  
186 East Howard St, Unit 301  
Quincy, MA 02169**

Date or dates debt was incurred  
**within 180 days of petition**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Wage Claim**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$36.11****\$36.11**

2.10 Priority creditor's name and mailing address

**Eileen Graneese  
26 Mount Pleasant St  
Derry, NH 03038**

Date or dates debt was incurred  
**within 180 days of petition**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**Wage Claim**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$1,022.55****\$1,022.55**



Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.11 Priority creditor's name and mailing address

**Hayley Geller  
389 Harvard St  
Brookline, MA 02446**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$6,709.48****\$6,709.48**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.12 Priority creditor's name and mailing address

**Internal Revenue Service  
Insolvency Unit  
PO Box 7346  
Philadelphia, PA 19101**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

**\$1,200,000.00****\$1,200,000.  
00**Date or dates debt was incurred  
**2014 - 2017**

Basis for the claim:

**941 taxes due for the periods 2014 - 2017**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.13 Priority creditor's name and mailing address

**Isabel Seely  
8 Morton Street  
Andover, MA 01810**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,289.00****\$1,289.00**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.14 Priority creditor's name and mailing address

**James Cushion  
24 Rita St  
Lowell, MA 01854**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$426.02****\$426.02**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.15 Priority creditor's name and mailing address

**Jamie Gumb**  
**15 Nob Way**  
**Lowell, MA 01852**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$0.00****\$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.16 Priority creditor's name and mailing address

**Jason Willett**  
**22 Adams St, Apt 1**  
**Lynn, MA 01902**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$6,827.40****\$6,827.40**

Date or dates debt was incurred

**within 180 days of petition**

Basis for the claim:

**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.17 Priority creditor's name and mailing address

**Jennifer Boulanger**  
**135 Forrest St**  
**Plaistow, NH 03865**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$2,044.93****\$2,044.93**

Date or dates debt was incurred

**within 180 days of petition**

Basis for the claim:

**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.18 Priority creditor's name and mailing address

**Kat Phometat**  
**68 New Park St**  
**Lynn, MA 01905**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$1,433.13****\$1,433.13**

Date or dates debt was incurred

**within 180 days of petition**

Basis for the claim:

**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.19 Priority creditor's name and mailing address

**Kayla Deshong**  
**10 New St, Apt 422**  
**Boston, MA 02128**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$6,854.27****\$6,854.27**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.20 Priority creditor's name and mailing address

**Kimberly Orne**  
**30 Nixon St**  
**Boston, MA 02124**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$705.11****\$705.11**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.21 Priority creditor's name and mailing address

**Long Bui**  
**129 Center St**  
**Boston, MA 02124**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$2,074.68****\$2,074.68**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.22 Priority creditor's name and mailing address

**Magaly Ceceres**  
**118 Newton St**  
**Lawrence, MA 01843**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$1,880.11****\$1,880.11**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.23 Priority creditor's name and mailing address

**Margaret Biggins**  
**14 Melvin St**  
**Somerville, MA 02145**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$1,628.11****\$1,628.11**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.24 Priority creditor's name and mailing address

**Margaret Nagmagda**  
**1000 Sky Line Dr, Apt #1**  
**Dracut, MA 01826**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$2,913.97****\$2,913.97**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.25 Priority creditor's name and mailing address

**Massachusetts Department Of**  
**Revenue**  
**Bankruptcy Unit**  
**P.O. Box 9564**  
**Boston, MA 02114**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☒
- Disputed

**\$76,147.16****\$76,147.16**

Date or dates debt was incurred

**2017**

Basis for the claim:

**Withholding Taxes 3/31/2017, 6/30/2017, and**  
**9/30/2017**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.26 Priority creditor's name and mailing address

**Megan Kalafsky**  
**22 MacArther St, Apt 2**  
**Somerville, MA 02145**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$10,976.10****\$10,976.10**Date or dates debt was incurred  
**within 180 days of petition**Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.27 Priority creditor's name and mailing address  
**Robert Greenstein**  
**191 Waban Ave**  
**Waban, MA 02468**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$24,222.20****\$24,222.20**

Date or dates debt was incurred  
**within 180 days of petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

2.28 Priority creditor's name and mailing address  
**Robert Sampson**  
**6 Windsor Blvd**  
**Londonderry, NH 03053**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$2,044.93****\$2,044.93**

Date or dates debt was incurred  
**within 180 days of petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

2.29 Priority creditor's name and mailing address  
**Stephanie Gaffney**  
**229 Roosevelt Rd**  
**Weymouth, MA 02188**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,523.04****\$1,523.04**

Date or dates debt was incurred  
**within 180 days of petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

2.30 Priority creditor's name and mailing address  
**Tam Pham**  
**25 Melville Ave**  
**Boston, MA 02124**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$474.56****\$474.56**

Date or dates debt was incurred  
**within 180 days of petition**

Basis for the claim:  
**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No☐ Yes

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known)

**17-41895-EDK**

2.31 Priority creditor's name and mailing address  
**Ubiquity Retirement**  
**1160 Battery St, Ste 350**  
**San Francisco, CA 94111**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$0.00 \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Contributions to prior 401K Plan**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (5)

☒ No

☐ Yes

2.32 Priority creditor's name and mailing address  
**Vasumathi Brown**  
**35 Louis St**  
**Holliston, MA 01746**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$29,805.00 \$29,805.00**

Date or dates debt was incurred

**within 180 days of petition**

Basis for the claim:

**Wage Claim**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address  
**667 Boylston Street Realty Trust**  
**30 Adams Street**  
**Milton, MA 02186**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$22,524.91**

Date(s) debt was incurred **2017**

Basis for the claim: **Lease Arrears - Boston**

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address  
**Addison Group**  
**125 Wacker Dr., Suite 2700**  
**Chicago, IL 60606**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,267.20**

Date(s) debt was incurred **8/5/2017**

Basis for the claim: **Temp Agency**

Last 4 digits of account number **4107**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address  
**Aetna**  
**151 Farmington Ave**  
**Hartford, CT 06156**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$44.89**

Date(s) debt was incurred **6/12/2017**

Basis for the claim: **Overpayment**

Last 4 digits of account number **6435**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known) **17-41895-EDK**

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Aflac</b> <b>1932 Wynnton Road</b> <b>Columbus, GA 31999</b> Date(s) debt was incurred <u>6/2017</u> Last 4 digits of account number <u>AQ38</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$387.28</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>American Medical Association</b> <b>330 N. Wabash Ave., Suite 39300</b> <b>Chicago, IL 60611</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Membership Dues</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ASD Specialty Healthcare Inc.</b> <b>d/b/a Besse Medical Supply</b> <b>9075 Centre Pointe Dr #140</b> <b>West Chester, OH 45069</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Injection Supplies/Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$938,317.72</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Atlas High Purity Solutions</b> <b>100 Messina Drive, Suite L</b> <b>Braintree, MA 02184</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Reagents</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$701.25</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Bank of America</b> <b>100 Federal St</b> <b>Boston, MA 02110</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,607.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Buss Mechanical</b> <b>225 Stedman St</b> <b>Lowell, MA 01851</b> Date(s) debt was incurred <u>6/2017</u> Last 4 digits of account number <u>7237</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Carolina Liquid Chemistries</b> <b>575 Patterson Ave</b> <b>Winston Salem, NC 27101</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,647.00</b>

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3.11	<p>Nonpriority creditor's name and mailing address  <b>CGM CompuGroup</b>  <b>3300 N. Central Avenue, Suite 2100</b>  <b>Phoenix, AZ 85012</b></p> <p>Date(s) debt was incurred <u>Various</u>  Last 4 digits of account number <u>1279</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$18,352.02</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Tech Support Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.12	<p>Nonpriority creditor's name and mailing address  <b>CIT</b>  <b>P.O. Box 550599</b>  <b>Jacksonville, FL 32255</b></p> <p>Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number <u>7292</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,547.35</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Leases on Okidata printer and Sharp copier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.13	<p>Nonpriority creditor's name and mailing address  <b>City of Lowell Parking Clerk</b>  <b>375 Merrimack Street, 1st Floor, Room 30</b>  <b>Lowell, MA 01852</b></p> <p>Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number <u>    </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$20.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Parking Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.14	<p>Nonpriority creditor's name and mailing address  <b>CLIA Lab</b>  <b>P.O. Box 530882</b>  <b>Atlanta, GA 30353</b></p> <p>Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number <u>4114</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$150.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Certificate Fee</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.15	<p>Nonpriority creditor's name and mailing address  <b>CLIA Lab</b>  <b>P.O. Box 530882</b>  <b>Atlanta, GA 30353</b></p> <p>Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number <u>4113</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,855.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Certificate Fee</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.16	<p>Nonpriority creditor's name and mailing address  <b>CLIA Lab</b>  <b>P.O. Box 530882</b>  <b>Atlanta, GA 30353</b></p> <p>Date(s) debt was incurred <u>2017</u>  Last 4 digits of account number <u>1994</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$150.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Certificate Fee</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.17	<p>Nonpriority creditor's name and mailing address  <b>Cohen, Todd, Kite and Stanford, LLC</b>  <b>250 East Fifth Street, Suite 2350</b>  <b>Cincinnati, OH 45202</b></p> <p>Date(s) debt was incurred <u>    </u>  Last 4 digits of account number <u>    </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$5,082.50</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>



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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P.O. Box 1577</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$730.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal Rock</b> <b>1050 Buckingham Street</b> <b>Watertown, CT 06795</b> Date(s) debt was incurred <u>8/2017</u> Last 4 digits of account number <u>8621</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Water Supply</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$767.30</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Cytracom</b> <b>450 Century Pkwy, Suite 100</b> <b>Allen, TX 75013</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Phone System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Diamond Diagnostics</b> <b>333 Fiske St</b> <b>Holliston, MA 01746</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>7348</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,145.87</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Eversource</b> <b>P.O. Box 660753</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>1046</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,096.24</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>George Church Parking</b> <b>25 Orchard View Dr.</b> <b>Londonderry, NH 03053</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>CLRR</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parking Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Hien Do</b> <b>32 Pilgrim Rd</b> <b>Belmont, MA 02478</b> Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loan from Debtor's pricipal's brother</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,689.27</b>

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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Immunalysis</b> <b>829 Towne Center Dr</b> <b>Pomona, CA 91767</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>D500</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lab Testing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,162.48</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Lower Locks Parking</b> <b>90 Warren St</b> <b>Lowell, MA 01852</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8587</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parking</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,022.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Mass Bay Transportation</b> <b>P.O. Box 309</b> <b>Medford, MA 02155</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>5959</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Parking</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4.50</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Massachusetts Department Of Revenue</b> <b>Bankruptcy Unit</b> <b>P.O. Box 9564</b> <b>Boston, MA 02114</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Withholding Taxes 3/31/2017, 6/30/2017, and 9/30/2017 penalties</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,046.58</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>P.O. Box 660266</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3667</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$465.07</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>MD's Trash Removal Inc.</b> <b>PO Box 155</b> <b>Milford, NH 03055</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>728</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trash Removal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Healthcare Solution</b> <b>300 Brickstone Square</b> <b>Andover, MA 01810</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>HKD</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>

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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Medlab</b> <b>270 Rutledge Rd., Suite D</b> <b>Fletcher, NC 28732</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>HKD</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lab Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,918.59</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Mercedes Medical</b> <b>7590 Commerce Ct</b> <b>Sarasota, FL 34243</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6782</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,469.58</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>National Grid</b> <b>P.O. Box 11742</b> <b>Newark, NJ 07101</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.70</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>NBM</b> <b>24 Terry Ave</b> <b>Burlington, MA 01803</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>HT00</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,880.72</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Nehen Portal</b> <b>P.O. Box 418660</b> <b>Boston, MA 02241</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3mQG</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Subscription Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Office of the Inspector General</b> <b>Dept of Health &amp; Human Services</b> <b>717 14th Street NW #500</b> <b>Washington, DC 20005</b> Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Renumeration from Millenium Labs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,000.00</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8930</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Postage Meter</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.40</b>

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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Purchase Power</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>                    </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$286.95</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Quill</b> <b>P.O. Box 37600</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8367</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,550.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>RX Crossroads</b> <b>c/o RXC Acquisition Co.</b> <b>PO Box 116643</b> <b>Atlanta, GA 30368</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>0428</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Notices/Leaflets</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.92</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Sandeep Asija</b> <b>21 George Street</b> <b>Lowell, MA 01852</b> Date(s) debt was incurred <u>10/2017</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,343.59</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Shred It</b> <b>81 Walsh Drive</b> <b>Parsippany, NJ 07054</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3094</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Shredding Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,726.64</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle, Inc</b> <b>139 Ferry Rd # 141</b> <b>Haverhill, MA 01835</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>4969</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Sterilization Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,913.09</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>TD Banknorth Mass</b> <b>TD Bank/Attn: Bankruptcy</b> <b>Po Box 1377</b> <b>Lewiston, ME 04243</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,780.90</b>

Debtor	<b>HKD Treatment Options, P.C.</b> <small>Name</small>	Case number (if known)	<b>17-41895-EDK</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>The Hartford</b> <b>755 Main St</b> <b>Hartford, CT 06103</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3398</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,598.00</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Total Quill</b> <b>P.O. Box 37600</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,838.33</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Tufts Medical</b> <b>705 Mt Auburn St</b> <b>Watertown, MA 02472</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8000</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Health Plan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,259.15</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Twomey &amp; Ramsey LLP</b> <b>76 Woodland St, Suite 203</b> <b>Methuen, MA 01844</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,959.11</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>P.O. Box 4003</b> <b>Acworth, GA 30101</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>0002</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Phone Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,622.81</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>P.O. Box 4003</b> <b>Acworth, GA 30101</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Phone Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$522.12</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Yellow Pages</b> <b>208 S. Akard St</b> <b>Dallas, TX 75202</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Advertisement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,188.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor **HKD Treatment Options, P.C.**  
Name

Case number (if known) **17-41895-EDK**

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Christopher Ortiz</b> <b>82 Granite Place #2</b> <b>Milton, MA 02186</b>	Line <u>2.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Karyn Bettencourt</b> <b>26 Gowing Rd</b> <b>Hudson, NH 03051</b>	Line <u>2.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Laurel Ashcraft</b> <b>12 Beverly Ave</b> <b>Wilmington, MA 01887</b>	Line <u>2.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Nathan L. Swehla, Esq.</b> <b>Graydon</b> <b>312 Walnut Street, Suite 1800</b> <b>Cincinnati, OH 45202</b>	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Robert Samson</b> <b>6 Windsor Blvd</b> <b>Londonderry, NH 03053</b>	Line <u>2.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Scott Wallace</b> <b>63 Glenwood St</b> <b>Lowell, MA 01852</b>	Line <u>2.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Shorta Yuasa</b> <b>53 Forrest St</b> <b>Dunstable, MA 01827</b>	Line <u>2.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>TD Bank Credit Card</b> <b>185 Franklin St #105</b> <b>Boston, MA 02110</b>	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,483,133.78</u>
5b. +	\$ <u>1,283,616.03</u>
5c.	\$ <u>2,766,749.81</u>

Fill in this information to identify the case:

Debtor name **HKD Treatment Options, P.C.**

United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS**

Case number (if known) **17-41895-EDK**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest  
**Lease of Sharp/MX3640N and OkiData/MP55502 Printers**

State the term remaining

List the contract number of any government contract

**NBM  
24 Terry Ave  
Burlington, MA 01803**

2.2. State what the contract or lease is for and the nature of the debtor's interest  
**Office Space Lease to 21 George Street Realty Trust**

State the term remaining

**13 Months**

List the contract number of any government contract

**Sandeep Asija  
21 George Street  
Lowell, MA 01852**

2.3. State what the contract or lease is for and the nature of the debtor's interest  
**PMSI on Lab Equipment**

State the term remaining

List the contract number of any government contract

**Wells Fargo Bank, N.A.  
2200 Powell Street, 4th Floor  
Emeryville, CA 94608**

Fill in this information to identify the case:

Debtor name HKD Treatment Options, P.C.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) 17-41895-EDK

☐ Check if this is an amended filing

Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Hung K. Do

25 Melville Avenue  
Boston, MA 02124

667 Boylston Street  
Realty Trust

☐ D \_\_\_\_\_

☒ E/F 3.1

☐ G \_\_\_\_\_

2.2 Jason Willett

22 Adams St, Apt 1  
Lynn, MA 01902

ASD Specialty  
Healthcare Inc.

☐ D \_\_\_\_\_

☒ E/F 3.6

☐ G \_\_\_\_\_



**Fill in this information to identify the case:**

Debtor name HKD Treatment Options, P.C.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) 17-41895-EDK

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2017 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,250,779.37

**For prior year:**  
From 1/01/2016 to 12/31/2016

☒ Operating a business  
☐ Other \_\_\_\_\_

\$5,991,407.69

**For year before that:**  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
☐ Other \_\_\_\_\_

\$3,329,402.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Sandeep Asija</b> <b>21 George Street</b> <b>Lowell, MA 01852</b>	<b>August &amp; September 2017</b>	<b>\$16,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Lease on Lowell Facility</u></b>
3.2. <b>Wells Fargo Bank, N.A.</b> <b>2200 Powell Street, 4th Floor</b> <b>Emeryville, CA 94608</b>	<b>August - October 2017</b>	<b>\$7,529.40</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. <b>The Hartford</b> <b>755 Main St</b> <b>Hartford, CT 06103</b>	<b>Aug, Sep, Oct 2017</b>	<b>Unknown</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Business Owner's Insurance Coverage</u></b>
3.4. <b>Coverys</b> <b>c/o Physicians Insurance Agency of Mass</b> <b>860 Winter St</b> <b>Waltham, MA 02451</b>	<b>Aug, Sep, Oct 2017</b>	<b>Unknown</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Malpractice Insurance Premiums</u></b>
3.5. <b>Berkshire Hathaway Guard Ins. Co.</b> <b>16 S. River St</b> <b>Wilkes Barre, PA 18703</b>	<b>Aug, Sep, Oct 2017</b>	<b>Unknown</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Worker's Comp Insurance</u></b>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Hung K. Do</b>  <b>Principal</b>	<b>4/24/2017, 7/6/2017, 8/29/2017, and 9/27/17</b>	<b>\$22,755.72</b>	<b>Distribution from Corporation</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Internal Revenue Service Insolvency Unit PO Box 7346 Philadelphia, PA 19101	Levy Medical Provider Funds (Intercepts)		Unknown
Commonwealth of Massachusetts Department of Unemployment Assistance Legal Dept.,1st Flr, Attn. Chief Counsel 19 Staniford Street Boston, MA 02114	Levy Bank Accounts		Unknown
Massachusetts Department Of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114	Levy Medical Provider Funds (Intercepts)		Unknown

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Internal Revenue Service Insolvency Unit PO Box 7346 Philadelphia, PA 19101	Levied/Intercepted Medical Provider Payments Last 4 digits of account number: _____	August - October 2017	Unknown
Massachusetts Department Of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114	Levied/Intercepted Medical Provider Payments Last 4 digits of account number: _____	August - October 2017	Unknown
Commonwealth of Massachusetts Department of Unemployment Assistance Legal Dept.,1st Flr, Attn. Chief Counsel 19 Staniford Street Boston, MA 02114	Levied Bank Accounts Last 4 digits of account number: _____	August - October 2017	Unknown

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>ASD Specialty Healthcare, Inc. v. HKD Treatment Options, P.C. and Enterprise Bank &amp; Trust Company, as Trustee Defenadnt</b> <b>1784CV3278</b>	<b>Trustee Process</b>	<b>Suffolk Superior Court</b> <b>3 Pemberton Square</b> <b>Boston, MA 02108</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Dr. Seema Gupta v. HKD Treatment Options, P.C. and Dr. Hung K. Do</b> <b>1711CV000426</b>	<b>Civil Collection</b>	<b>Lowell District Court</b> <b>41 Hurd St,</b> <b>Lowell, MA 01852</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	<b>Dr. Seema Gupta v. HKD Treatment Options, P.C. and Dr. Hung K. Do</b> <b>1711CV0001173</b>	<b>Collection</b>	<b>Lowell Superior Court</b> <b>41 Hurd ST</b> <b>Lowell, MA 01852</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	<b>Brenna Brink v. HKD Treatment Options, P.C. and Dr. Hung K. DO</b> <b>1711SC002998</b>	<b>Small Claims</b>	<b>Lowell District Court</b> <b>41 Hurd St</b> <b>Lowell, MA 01852</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>Commonwealth of Mass Dept of Unemployment Assistance v. HKD Treatment Options, P.C.</b> <b>1701CV1804</b>	<b>Collection</b>	<b>Boston Municipal Court</b> <b>24 New Chardon St</b> <b>Boston, MA 02114</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6.	<b>ASD Specialty Healthcare Inc.d/b/a Besse Medical Supply Co. v. HKD Treatment Options, P.C.</b> <b>CV2016 12 2605</b>	<b>Collection</b>	<b>Butler County Common Pleas Court</b> <b>Government Services Center</b> <b>315 High Street, Third Floor</b> <b>Hamilton, OH 45011</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	<b>667 Boylston Street Realty Trust v. HKD Treatment Options, P.C. and Dr. Hung K. Do</b> <b>N/A</b>	<b>Collection case filed in the wrong court</b>	<b>Quincy District Court</b> <b>One Dennis Ryan Pkwy</b> <b>Quincy, MA 02169</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.8.	<b>U.S. Dept of Labor</b>	<b>Administrative Investigation of 401(k) Plan Amounts owed.</b>		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	<b>Massachusetts Attorney General</b>	<b>Inquiry regarding non-payment of wages.</b>		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	<b>US Dept of Justice</b>	<b>Administrative Summons Issued</b>		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**☒ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Mestone & Associates LLC 65 Flagship Drive, Suite A North Andover, MA 01845	\$21,500.00 inclusive of filing fee.	10/17/2017	\$21,500.00
Email or website address richard.mestone@mestonehogan.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	<b>Truong Tran</b> 25 Melville Avenue Boston, MA 02124	Use of company vehicle. 2009 Toyota Corolla.	Various	Unknown
	Relationship to debtor Father-in-Law			
13.2	<b>Hang Tran</b> 25 Melville Ave Boston, MA 02124	Use of company vehicle. 2009 Toyota Camry.	Various	Unknown
	Relationship to debtor Sister-in-Law			
13.3	<b>Tuiet Bui</b> 25 Melville Ave Boston, MA 02124	Use of company vehicle. 2012 Ford Fusion.	Various	Unknown
	Relationship to debtor Mother			
13.4	<b>Thuy-Tien</b> 25 Melville Ave Boston, MA 02124	Use of company vehicle. 2015 Camry.	Various	Unknown
	Relationship to debtor Wife			
13.5	<b>Christopher Mellville</b>	Use of company vehicle. 2012 Ford Fusion.	Various	Unknown
	Relationship to debtor Former Employee			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	<b>667 Boylston Street</b> Boston, MA 02124	<b>2013- 2017</b>
14.2.	<b>1212 Hancock Street</b> Quincy, MA 02169	<b>2013-2017</b>
14.3.	<b>Highland Ave</b> Salem, MA 01970	<b>2015-2017</b>
14.4.	<b>99 Market St</b> Lowell, MA 01852	<b>2012-2014</b>

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK****Address****Dates of occupancy  
From-To**14.5. **581 Boylston St, Ste 506  
Boston, MA 02116****2012****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services  
the debtor provides****If debtor provides meals  
and housing, number of  
patients in debtor's care**  
**600**15.1. **HKD Treatment Options, P.C.  
21 George St  
Lowell, MA 01852****An outpatient medical office treating patients with  
addictions to opiates and alcohol****Location where patient records are maintained (if different from  
facility address). If electronic, identify any service provider.  
21 George St, Lowell MA 01852****How are records kept?***Check all that apply:*☒ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Medical and Personal Information**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None**Financial Institution name and  
Address****Last 4 digits of  
account number****Type of account or  
instrument****Date account was  
closed, sold,  
moved, or  
transferred****Last balance  
before closing or  
transfer**

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. <b>Ubiquity Retirement</b> <b>1160 Battery St, Ste 350</b> <b>San Francisco, CA 94111</b>	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <b>401(k) Plan</b>	<b>Account stopped by Debtor in Jan/Feb 2017. Freeze effective as of \$/2017.</b>	<b>\$401,000.00</b>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property Debtor Address	Describe the property	Value
<b>NBM</b> <b>24 Terry Ave</b> <b>Burlington, MA 01803</b>		<b>Sharp and OkiData Printers leased and listed in Schedule A/B.</b>	<b>Unknown</b>

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☒ No.

☐ Yes. Provide details below.



Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**Case title  
Case numberCourt or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To

26a.1. **Steven R. Bourret, CPA**  
**Cain Bourret Jarry & Vaillancourt PC**  
**1595 Lakeview Ave**  
**Dracut, MA 01826**

**2015-2017**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are  
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **HKD Treatment Options, P.C.**Case number (if known) **17-41895-EDK**

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Hung K. Do	25 Melville Avenue Boston, MA 02124	Sole Principal, President, Treasurer & Director	100.00

Name	Address	Position and nature of any interest	% of interest, if any
Jason Willett	22 Adams St, Apt 1 Lynn, MA 01902	Chief Operating Officer	0.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Hung K. Do 25 Melville Avenue Boston, MA 02124	\$40,433.40	Jan, Mar, Apr, May, July, Aug, and Sep 2017	Distributions to Principal.
Relationship to debtor Sole Shareholder/Principal			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
- ☒ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Ubiquity Retirement

EIN:

Debtor HKD Treatment Options, P.C.Case number (if known) 17-41895-EDK**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 17, 2017

/s/ Hung K. Do

Signature of individual signing on behalf of the debtor

Hung K. Do

Printed name

Position or relationship to debtor President, Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes